



**Please type**

Student Name: Last Name, First Name	
Date of Birth mm/yy e.g. March, 2012 type 03/12	
Age / Sex	Age:      years old / Sex : <input type="checkbox"/> M <input type="checkbox"/> F
Day School	
Present Grade (Before September 2023)	Grade
Address: Number, Street, Unit, City, Postal Code	
Home Phone (xxx)xxx-xxxx	
Guardian's Mobile Phone (xxx)xxx-xxxx	
Guardian's Name,                  relationship	
Guardian's email address	
Student's doctor and phone #	
Does the student have allergy?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Allergy:
Does the student require an EPI-PEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No   (Please make sure that the child has 2 current dated EPI-PEN on premise.)
Does the student have any dietary restrictions?	<input type="checkbox"/> Yes <input type="checkbox"/> No   Restricted Food:
Adult who will pick up the student, relationship (Please note that there is a late pick-up charge)	

**Registration:**

Please check all camp dates and times your child will be attending.

Camp Dates	Full Day	Half Day (AM)	Half Day (PM)	Before (8:30am)	Early (7:30am)	After (5 pm)	Extended (6pm)	Hot Lunch
<input type="checkbox"/> <b>Week 1</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Week 2</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Week 3</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/> <b>Week 4</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*\*\*Please review the Camp Reminders. All campers must bring a water bottle, socks, and indoor shoes. Full day campers who are not participating in the Hot Lunch program must bring a packed lunch (no nuts) and two snacks. Half day campers may bring one snack. Sunscreen and hats are recommended.*

**Please continue to fill the next page**

FOR OFFICE USE ONLY (Do not fill the blank below)

Number of Weeks	Early Bird	Reg		
FULL DAY <3weeks: _____			Receipt Number:	
FULL DAY =4 weeks: _____			Date:	
HALF DAY <3 weeks: _____			Amount paid:	
HALF DAY =4 weeks: _____			Payment Method:	Cash / Cheque / e-transfer
Before (8:30am): _____				
Early (7:30am): _____			Class:	
After (5 pm): _____				
Extended (6pm): _____				
Hot Lunch: _____				

# Camp Terms, Release and Indemnity Agreement

The undersigned agrees to release and discharge Agape-Charis Learning Centre and Markham Busy Buddies Indoor Playground, its directors, staff, volunteer workers of and from all claims of negligence or otherwise made by or on behalf of the student named above, his or her guardians or their executors, successors, administrators against all claims, demands, judgments and costs in any way arising out of, or relating to the student's participation in the program and further agree that the use of the camp facilities is made at risk of applicant.

In case of a medical emergency, I understand that every effort will be made to contact parents or guardians. In the event I cannot be reached, I give permission for treatment by a physician selected by the camp directors. I authorize the camp to provide the student with routine first aid, parental/guardian authorized medication including, but not limited to, prescription medication, the administration of an epi-pen and/or asthma inhaler. Although every effort will be made to ensure student's safety, I acknowledge that the camp is not free of allergens and my child may inadvertently come into contact with substances that may cause an allergic reaction.

I acknowledge that Agape-Charis Learning Centre and Markham Busy Buddies Indoor Playground reserves the right to use my child's name, photograph and or videos containing my child's image for promotional, advertising and/or public relations purposes. Such photographs or name use may be included in the camp's brochures, posters, website, newspaper, magazine and any media forms. I confirm that all photographs and advertising materials taken in the camp shall remain the exclusive property of Agape-Charis Learning Centre and Markham Busy Buddies Indoor Playground who shall own all copyright.

I acknowledge that there is a late pickup charge which is applied at the rate of \$1.00 per minute after the pickup time. The late pickup charge shall be paid to the staff on duty by cash on the same day.

I also realize that the payment of camp fees is due in full upon registration, and that the **camp fee is non-transferable and non-refundable after June 15 of this year** regardless of registration date. There are no refunds for withdrawals or days missed for any reason (including illness) throughout the Summer Camp. In the event that the government extends a lockdown that prevents the camp from running, a full refund will be given for the remaining days of the camp.

**By submitting the camp fee, I indicate that I have read "Release and Indemnity Agreement", and understood all the terms as listed above and agree the refund policy. I give consent for my child to participate in the Summer Camp of Agape-Charis Learning Centre at the indicated locations and will abide by the terms listed above.**

Guardian's name:  Date:  Tuition Fee: \$

## Method of registration:

1) Write a cheque payable to **Agape-Charis Learning Centre** and register in our office or Markham Indoor Playground.

2) E-transfer the camp fee to **agapeonlineclass@gmail.com**. Write down the student's name and contact phone number in the message box before the money is sent. Email the completed form to our office (mailbox@agapelearningcentre.com) when the camp fee has been sent. Write the subject of the email as: "**Summer registration 2023 of (student name) returned**".

Remark: Student will be placed to the class enrolled after the confirmation of your payment.

If you need assistance to fill the form, contact our office at 905-237-6284

Office hour: Tuesday to Friday, 2:00 pm to 6:00 pm

Address: 40 Vogell Road, unit 29, Richmond Hill, ON, L4B 3N6

Email: mailbox@agapelearningcentre.com

How did you hear about this camp?

- Saturday School       Internet Search       Markham Life Ads       Friends/ Family  
 Playground       Others: [Click or tap here to enter text.](#)